

STATE OF HAWAII Securities Enforcement Branch Department of Commerce & Consumer Affairs

Department of Commerce & Consumer Affairs

1010 Richards Street, Second Floor, Honolulu, Hawaii 96813

Post Office Box 40, Honolulu, Hawaii 96810

COMPLAINT FORM

Please type or print clearly. Case Number _______
Attach separate sheet if more space required.

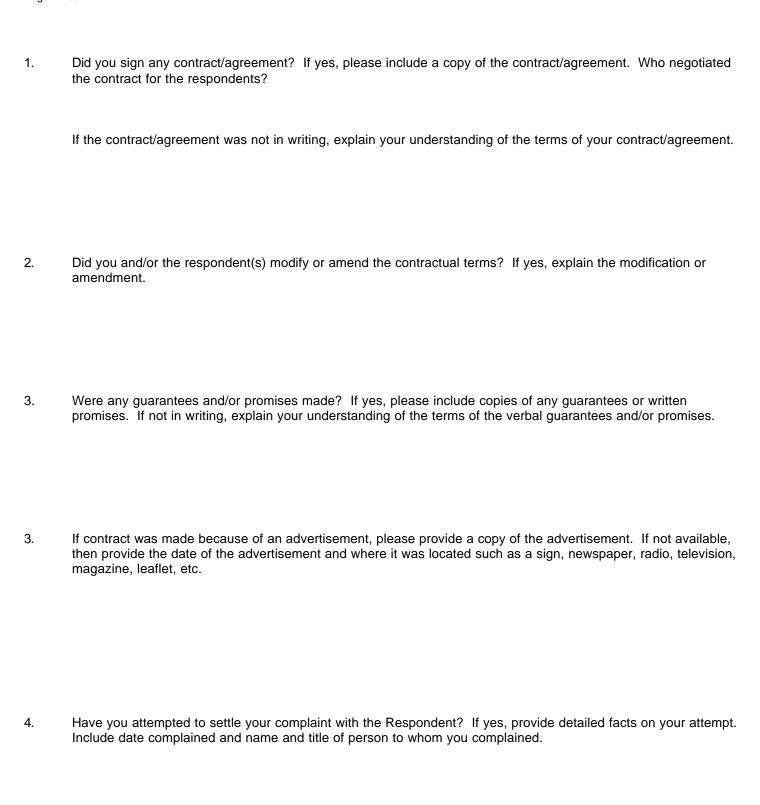
Attach separate sheet if more space required.					
COMPLAINANT	Mr. () Mrs. () Ms. () Home Address: Mailing Address: Home Telephone: Work telephone:	Complainant's Name :	Social Security Number :		
RESPONDENTS	Name(s) of compan	y and/or individual your complaint is against :	Social Security Number / FEIN :		
SPOI	Address :				
RES	Telephone :				
	Witness Name(s):				
	Address :				
SES	Telephone :				
	Witness Name(s):				
WITNESSES	Address :				
TIM	Telephone :				
	Witness Name(s) :				
	Address :				
	Telephone :				

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COMPLAINT SUMMARY. Please *type or print in dark ink* a complete and detailed chronological statement of your complaint. Include copies of all documents, such as contracts, correspondence, receipts, statements, and photographs. If you need additional space, continue on a separate sheet of paper and attach to this form.

DATE/TIME	EVENT

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	CERTIFICATION OF COMPLAINT This complaint will not be processed unless this form is complete, legible and signed.	
	If documents are not attached, explain why you are not providing documents to support your complaint:	
7.	Please attach relevant documentation to support your complaint.	
5.	What would you consider to be a fair resolution of your complaint and why?	
5.	Have you attempted to settle your complaint with another agency or with the Courts? If yes, what agency or Court (provide the name and address of person contacted)?	
Compla Page Fo	our	

Date

Complainant's Signature